

PCT

For receiving Office use only

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) PA1620WO

Box No. I TITLE OF INVENTION

ELECTROMAGNETIC RADIATION DETECTION DEVICE WITH INTEGRATED HOUSING COMPRISING TWO SUPERPOSED DETECTORS

Box No. II APPLICANT

This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

COMMISSARIAT A L'ENERGIE ATOMIQUE

31-33 Rue de la Federation

F-75752 PARIS

France

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

FRANCE

State (that is, country) of residence:

FRANCE

This person is applicant for the purposes of:

all designated States

all designated States except the United States of America

the United States of America only

the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

OURVIER-BUFFET Jean-Louis
430 Route de la Planche
F-74320 SEVRIER
France

This person is:

- applicant only
- applicant and inventor
- inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FRANCE

State (that is, country) of residence:

FRANCE

This person is applicant for the purposes of:

all designated States

all designated States except the United States of America

the United States of America only

the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

agent

common representative

Name and address:

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Telephone No.

+ 33 4 76 84 95 45

Gerard HECKE / Marie-Andree JOUVRAY
Cabinet HECKE
WTC Europole, 5 place Robert Schuman - BP 1537
F-38025 GRENOBLE Cedex 1
France

Facsimile No.

+ 33 4 76 84 95 48

Teleprinter No.

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III

FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MOREL Damien
51C Rue des Aiguinards
F-38240 MEYLAN
France

This person is:

- applicant only
- applicant and inventor
- inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FRANCE

State (that is, country) of residence:

FRANCE

This person is applicant for all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MASSONI Nicolas
51 Rue Marx Dormoy
F-38000 GRENOBLE
France

This person is:

- applicant only
- applicant and inventor
- inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FRANCE

State (that is, country) of residence:

FRANCE

This person is applicant for all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

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- applicant and inventor
- inventor only (If this check-box is marked, do not fill in below.)

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This person is:

- applicant only
- applicant and inventor
- inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES *Mark the applicable check-boxes below; at least one must be marked.*

The following designations are hereby made under Rule 4.9(a):

Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)

National Patent (*if other kind of protection or treatment desired, specify on dotted line*):

<input type="checkbox"/> AE United Arab Emirates _____	<input type="checkbox"/> HR Croatia _____	<input type="checkbox"/> OM Oman _____
<input type="checkbox"/> AG Antigua and Barbuda _____	<input type="checkbox"/> HU Hungary _____	<input type="checkbox"/> PG Papua New Guinea _____
<input type="checkbox"/> AL Albania _____	<input type="checkbox"/> ID Indonesia _____	<input type="checkbox"/> PH Philippines _____
<input type="checkbox"/> AM Armenia _____	<input type="checkbox"/> IL Israel _____	<input type="checkbox"/> PL Poland _____
<input type="checkbox"/> AT Austria _____	<input type="checkbox"/> IN India _____	<input type="checkbox"/> PT Portugal _____
<input type="checkbox"/> AU Australia _____	<input type="checkbox"/> IS Iceland _____	<input type="checkbox"/> RO Romania _____
<input type="checkbox"/> AZ Azerbaijan _____	<input checked="" type="checkbox"/> JP Japan _____	<input type="checkbox"/> RU Russian Federation _____
<input type="checkbox"/> BA Bosnia and Herzegovina _____	<input type="checkbox"/> KE Kenya _____	
<input type="checkbox"/> BB Barbados _____	<input type="checkbox"/> KG Kyrgyzstan _____	<input type="checkbox"/> SC Seychelles _____
<input type="checkbox"/> BG Bulgaria _____	<input type="checkbox"/> KP Democratic People's Republic of Korea _____	<input type="checkbox"/> SD Sudan _____
<input type="checkbox"/> BR Brazil _____	<input type="checkbox"/> KR Republic of Korea _____	<input type="checkbox"/> SE Sweden _____
<input type="checkbox"/> BY Belarus _____	<input type="checkbox"/> KZ Kazakhstan _____	<input type="checkbox"/> SG Singapore _____
<input type="checkbox"/> BZ Belize _____	<input type="checkbox"/> LC Saint Lucia _____	<input type="checkbox"/> SK Slovakia _____
<input type="checkbox"/> CA Canada _____	<input type="checkbox"/> LK Sri Lanka _____	<input type="checkbox"/> SL Sierra Leone _____
<input type="checkbox"/> CH & LI Switzerland and Liechtenstein _____	<input type="checkbox"/> LR Liberia _____	<input type="checkbox"/> SY Syrian Arab Republic _____
<input type="checkbox"/> CN China _____	<input type="checkbox"/> LS Lesotho _____	<input type="checkbox"/> TJ Tajikistan _____
<input type="checkbox"/> CO Colombia _____	<input type="checkbox"/> LT Lithuania _____	<input type="checkbox"/> TM Turkmenistan _____
<input type="checkbox"/> CR Costa Rica _____	<input type="checkbox"/> LU Luxembourg _____	<input type="checkbox"/> TN Tunisia _____
<input type="checkbox"/> CU Cuba _____	<input type="checkbox"/> LV Latvia _____	<input type="checkbox"/> TR Turkey _____
<input type="checkbox"/> CZ Czech Republic _____	<input type="checkbox"/> MA Morocco _____	<input type="checkbox"/> TT Trinidad and Tobago _____
<input type="checkbox"/> DE Germany _____	<input type="checkbox"/> MD Republic of Moldova _____	<input type="checkbox"/> TZ United Republic of Tanzania _____
<input type="checkbox"/> DK Denmark _____	<input type="checkbox"/> MG Madagascar _____	<input type="checkbox"/> UA Ukraine _____
<input type="checkbox"/> DM Dominica _____	<input type="checkbox"/> MK The former Yugoslav Republic of Macedonia _____	<input type="checkbox"/> UG Uganda _____
<input type="checkbox"/> DZ Algeria _____		<input checked="" type="checkbox"/> US United States of America _____
<input type="checkbox"/> EC Ecuador _____	<input type="checkbox"/> MN Mongolia _____	<input type="checkbox"/> UZ Uzbekistan _____
<input type="checkbox"/> EE Estonia _____	<input type="checkbox"/> MW Malawi _____	<input type="checkbox"/> VC Saint Vincent and the Grenadines _____
<input type="checkbox"/> ES Spain _____	<input type="checkbox"/> MX Mexico _____	<input type="checkbox"/> VN Viet Nam _____
<input type="checkbox"/> FI Finland _____	<input type="checkbox"/> MZ Mozambique _____	<input type="checkbox"/> YU Serbia and Montenegro _____
<input type="checkbox"/> GB United Kingdom _____	<input type="checkbox"/> NI Nicaragua _____	<input type="checkbox"/> ZA South Africa _____
<input type="checkbox"/> GD Grenada _____	<input type="checkbox"/> NO Norway _____	<input type="checkbox"/> ZM Zambia _____
<input type="checkbox"/> GE Georgia _____	<input type="checkbox"/> NZ New Zealand _____	<input type="checkbox"/> ZW Zimbabwe _____
<input type="checkbox"/> GH Ghana _____		
<input type="checkbox"/> GM Gambia _____		

Check-boxes reserved for designating States which have become party to the PCT after issuance of this sheet:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except the designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation (including fees) must reach the receiving Office within the 15-month time limit.*)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:*	international application: receiving Office
item (1) 16/09/2002	02 11457	FRANCE		
item (2)				
item (3)				
item (4)				
item (5)				

Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (*only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office*) identified above as:

all items item (1) item (2) item (3) item (4) item (5) other, see
Supplemental Box

*Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (*if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used*):

ISA /EP

Request to use results of earlier search; reference to that search (*if an earlier search has been carried out by or requested from the International Searching Authority*):

Date (day/month/year)	Number	Country (or regional Office)
16/09/2002	02 11457	FRANCE

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (*mark the applicable check-boxes below and indicate in the right column the number of each type of declaration*):

Number of
declarations

<input type="checkbox"/> Box No. VIII (i)	Declaration as to the identify of the inventor	:
<input type="checkbox"/> Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent	:
<input type="checkbox"/> Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application	:
<input type="checkbox"/> Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)	:
<input type="checkbox"/> Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty:	:

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		
(a) in paper form, the following number of sheets:		
request (including declaration sheets) : 5		
description (excluding sequence listings and/or tables related thereto) : 14		
claims : 3		
abstract : 1		
drawings : 3		
Sub-total number of sheets : 26		
sequence listings :		
tables related thereto :		
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below) :		
Total number of sheets : 26		
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))		
(i) <input type="checkbox"/> sequence listings		
(ii) <input type="checkbox"/> tables related thereto		
(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))		
(i) <input type="checkbox"/> sequence listings		
(ii) <input type="checkbox"/> tables related thereto		
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the		
<input type="checkbox"/> sequence listings _____		
<input type="checkbox"/> tables related thereto _____		
(additional copies to be indicated under item 9(ii), in right column)		
Figure of the drawings which should accompany the abstract: 2	Language of filing of the international application: French	
Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE <i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i>		
Marie-Andree Jourvray Cabinet HECKE WTC Europole - 5 Place Robert Schuman BP 1537 38025 Grenoble Cedex 1, France (FR)		Grenoble, September 11, 2003

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1. Date of actual receipt of the purported international application: 11 SEP 2003	2. Drawings:	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	<input type="checkbox"/> received: <input type="checkbox"/> not received:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

For International Bureau use only

Date of receipt of the record copy by the International Bureau:
